## Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

City of Mission Viejo  Division, Department, or Region (if applicable)  n/a  Street Address  200 Civic Center, Mission Viejo, CA 92691  Designated Agency Contact (Name, Title)  Karen Hamman, City Clerk  Area Code/Phone Number   E-mail   949-470-3050   cityadmin@cityofmissionviejo.org  2012  Email   Cityadmin@cityofmissionviejo.org  Cityadmin@cityofmissionviejo.org  Cityadmin@cityofmissionviejo.org  Cityadmin@cityofmissionviejo.org  Cityadmin@cityofmissionviejo.org	original Filing:
City of Mission Viejo  Division, Department, or Region (if applicable)  n/a  Street Address  200 Civic Center, Mission Viejo, CA 92691  Designated Agency Contact (Name, Title)  Karen Hamman, City Clerk  Area Code/Phone Number   E-mail   Date of Or 949-470-3050   Cityadmin@cityofmissionviejo.org  2. Function, Event, or Ceremonial Role Information  Title Saddleback College Annual Gala   Face Value of E  Description Gala/Dinner   Date(s) 03 / 3  Ticket(s)/Admission(s) provided by agency? Yes No If no:	For Official Use Only  Indment (Must provide explanation in Part 3.)  Original Filing:
Street Address  200 Civic Center, Mission Viejo, CA 92691  Designated Agency Contact (Name, Title)  Karen Hamman, City Clerk  Area Code/Phone Number   E-mail   Date of One of On	original Filing:
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Designated Agency Contact (Name, Title)	Each Admission \$
Karen Hamman, City Clerk  Area Code/Phone Number   E-mail     Date of Or    949-470-3050   cityadmin@cityofmissionviejo.org    Function, Event, or Ceremonial Role Information  Title   Saddleback College Annual Gala   Face Value of E  Description   Gala/Dinner   Date(s)   O3 / Signature   Date(s)   O3 / Signature   O3 / Signature   Date(s)   O3 / Signature   O3 / Signature   Date(s)   O3 / Signature   O3 / Signatu	Each Admission \$
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949-470-3050 cityadmin@cityofmissionviejo.org  Function, Event, or Ceremonial Role Information  Title Saddleback College Annual Gala Face Value of E  Description Gala/Dinner Date(s) 03 / 3  Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:	(month, day, year)  Each Admission \$
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Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:	
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:	
	Name of Source
	Name of Source
Was the distribution to persons identified below made at the behest of an agend	
(Last, First)  Number of Agency taxable Income. If the also provide a descrip	ox if the agency official claims admission as e agency official performed a ceremonial role, ption. be the public purpose, including
(Name, Address, Description) ceremonial roles, performance organization.	formed by an agency official, individual, or
Kelley, Trish - Council Member 1 Yes 🗾 To support and parti	ticipate on behalf of the city.
Kelley, Trish - Council Member 1 No To support and parti	Income
Yes No D	
Yes	Income
Yes   No   No	
Yes   No   Yes   Y	Income Income
Yes   No   No	Income